

Provider Policy Development Tool

In addition to the documentation required in the Residential (Part 3) Services Checklist and/or the Ancillary (Part 4) Services Checklist (such as Legal, Financial, Insurance, etc.), policies are required to complete the proposal submission. All policies/procedures/protocol must meet every specification of the 460 IAC 6 Rule.

Code of Ethics (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-14-7 Policies and procedures for code of ethics

- ☐ A provider shall develop and enforce policies and procedures regarding a code of ethics for agents and employees. The policies and procedures shall be consistent with 460 IAC 6-36.

460 IAC 6-36-2 Code of ethics

A provider, in the provision of services under this article, shall abide by the following code of ethics:

- ☐ (1) A provider shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services.
- ☐ (2) A provider shall avoid discrimination on the basis of factors that are irrelevant to the provision of services, including, but not limited to:
- ☐ (A) race;
 - ☐ (B) creed;
 - ☐ (C) gender;
 - ☐ (D) age; or
 - ☐ (E) disability.
- ☐ (3) A provider shall provide sufficient objective information to enable an individual, or the individual's guardian, to make informed decisions.
- ☐ (4) A provider shall accurately present professional qualifications and credentials.
- ☐ (5) A provider shall accurately present professional qualifications of all employees or agents.
- ☐ (6) A provider shall require all employees or agents to assume responsibility and accountability for personal competence in the practice of the person's profession and in the provision of services under this article.
- ☐ (7) A provider shall require employees or agents to maintain knowledge and skills required for continued professional competence including all requirements necessary for a licensed or accredited professional to maintain the professional's licensure or accreditation.
- ☐ (8) A provider shall require professional, licensed, or accredited employees or agents to adhere to acceptable standards for the employee or agent's area of professional practice.
- ☐ (9) A provider shall require employees or agents to comply with all laws and regulations governing a licensed or accredited person's profession.
- ☐ (10) A provider shall require all employees or agents to maintain the confidentiality of individual information consistent with the standards of this article and all other laws and regulations governing confidentiality of individual information.
- ☐ (11) A provider shall require all employees or agents to conduct all practice with honesty, integrity, and fairness.
- ☐ (12) A provider shall require all employees or agents to fulfill professional commitments in good faith.
- ☐ (13) A provider shall require all employees or agents to inform the public and colleagues of services by use of factual information.
- ☐ (14) A provider shall not advertise or market services in a misleading manner.
- ☐ (15) A provider providing services shall not engage in uninvited solicitation of potential clients, who are vulnerable to undue influence, manipulation, or coercion.
- ☐ (16) A provider shall make reasonable efforts to avoid bias in any kind of professional evaluation.
- ☐ (17) A provider shall notify the appropriate party, which may include:
- ☐ (A) the division;
 - ☐ (B) the Indiana state department of health;
 - ☐ (C) a licensing authority;

- ☐ (D) an accrediting agency;
- ☐ (E) an employer;
- ☐ (F) the office of the attorney general, consumer protection division;
of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process.

Rights of an Individual (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-8-2 Constitutional and statutory rights

- ☐ (a) A provider shall ensure that an individual's rights as guaranteed by the Constitution of the United States and the Constitution of Indiana are not infringed upon.
- ☐ (b) A provider shall ensure that:
 - ☐ (1) an individual's rights as set out in IC 12-27 are not infringed upon; and
 - ☐ (2) an individual has the ability to exercise those rights as provided in IC 12-27.

460 IAC 6-8-3 Promoting the exercise of rights

- ☐ (1) Provide an individual with humane care and protection from harm.
- ☐ (2) Provide services that:
 - ☐ (A) are meaningful and appropriate; and
 - ☐ (B) comply with:
 - ☐ (i) standards of professional practice;
 - ☐ (ii) guidelines established by accredited professional organizations if applicable; and
 - ☐ (iii) budgetary constraints;in a safe, secure, and supportive environment.
- ☐ (3) Obtain written consent from an individual, or the individual's legal representative, if applicable, before releasing information from the individual's records unless the person requesting release of the records is authorized by law to receive the records without consent.
- ☐ (4) Process and make decisions regarding complaints filed by an individual within two (2) weeks after the provider receives the complaint.
- ☐ (5) Inform an individual, in writing and in the individual's usual mode of communication, of:
 - ☐ (A) the individual's constitutional and statutory rights using a form approved by the BDDS; and
 - ☐ (B) the complaint procedure established by the provider for processing complaints.

Protection of an Individual (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

Rule 9. Protection of an Individual

460 IAC 6-9-2 Adoption of policies and procedures to protect individuals

- ☐ (a) A provider shall adopt written policies and procedures regarding the requirements of sections 3 and 4 of this rule.
- ☐ (b) A provider shall require the provider's employees or agents to be familiar with and comply with the policies and procedures required by subsection (a).
- ☐ (c) Beginning on the date services for an individual commence and at least one (1) time a year thereafter, a provider shall inform:
 - ☐ (1) the individual, in writing and in the individual's usual mode of communication;
 - ☐ (2) the individual's parent, if the individual is less than eighteen (18) years of age, or if the individual's parent is the individual's legal representative; and
 - ☐ (3) the individual's legal representative if applicable;of the policies and procedures adopted pursuant to this section.

460 IAC 6-9-3 Prohibiting violations of individual rights

- ☐ (a) A provider shall not:
 - ☐ (1) abuse, neglect, exploit, or mistreat an individual; or
 - ☐ (2) violate an individual's rights.
- ☐ (b) A provider who delivers services through employees or agents shall adopt policies and procedures that prohibit:
 - ☐ (1) abuse, neglect, exploitation, or mistreatment of an individual; or
 - ☐ (2) violation of an individual's rights.
- ☐ (c) Practices prohibited under this section include the following:
 - ☐ (1) Corporal punishment inflicted by the application of painful stimuli to the body, which includes:

<input type="checkbox"/> (A) forced physical activity;	<input type="checkbox"/> (D) the application of painful or noxious stimuli;
<input type="checkbox"/> (B) hitting;	<input type="checkbox"/> (E) the use of electric shock; or
<input type="checkbox"/> (C) pinching;	<input type="checkbox"/> (F) the infliction of physical pain.
 - ☐ (2) Seclusion by placing an individual alone in a room or other area from which exit is prevented.
 - ☐ (3) Verbal abuse, including screaming, swearing, name-calling, belittling, or other verbal activity that may cause damage to an individual's self-respect or dignity.
 - ☐ (4) A practice that denies an individual any of the following without a physician's order:

<input type="checkbox"/> (A) Sleep.	<input type="checkbox"/> (E) Physical movement for prolonged periods of time.
<input type="checkbox"/> (B) Shelter.	<input type="checkbox"/> (F) Medical care or treatment.
<input type="checkbox"/> (C) Food.	<input type="checkbox"/> (G) Use of bathroom facilities.
<input type="checkbox"/> (D) Drink.	
- ☐ (5) Work or chores benefiting others without pay unless:
 - ☐ (A) the provider has obtained a certificate from the United States Department of Labor authorizing the employment of workers with a disability at special minimum wage rates;
 - ☐ (B) the services are being performed by an individual in the individual's own residence as a normal and customary part of housekeeping and maintenance duties; or
 - ☐ (C) an individual desires to perform volunteer work in the community.

460 IAC 6-9-4 Systems for protecting individuals

- ☐ (a) Except as specified in this section, this section applies to all providers of supported living services and supports.
- ☐ (b) A provider shall require that at regular intervals, as specified by the individual's ISP, the individual be informed of the following:
 - ☐ (1) The individual's medical condition.
 - ☐ (2) The individual's developmental and behavioral status.

- ☐ (3) The risks of treatment.
- ☐ (4) The individual's right to refuse treatment.

☐ (c) **Except** for providers of:

- ☐ (1) occupational therapy services;
- ☐ (2) physical therapy services;
- ☐ (3) music therapy services; and
- ☐ (4) speech-language therapy services;

a provider shall establish a protocol for ensuring that an individual is free from unnecessary medications and physical restraints.

☐ (d) **Except** for providers of:

- ☐ (1) occupational therapy services;
- ☐ (2) physical therapy services;
- ☐ (3) music therapy services; and
- ☐ (4) speech-language therapy services;

a provider shall establish a system to reduce an individual's dependence on medications and physical restraints.

☐ (e) A provider shall establish a system to ensure that an individual has the opportunity for personal privacy.

☐ (f) A provider shall establish a system to:

- ☐ (1) ensure that an individual is not compelled to perform services for a provider; and
- ☐ (2) provide that, if an individual works voluntarily for a provider, the individual is compensated:
 - ☐ (A) at the prevailing wage for the job; and
 - ☐ (B) commensurate with the individual's abilities;
 unless the provisions of section 3(c)(5) of this rule are met.

☐ (g) A provider shall establish a system that ensures that an individual has:

- ☐ (1) the opportunity to communicate, associate, and meet privately with persons of the individual's choosing;
- ☐ (2) the means to send and receive unopened mail; and
- ☐ (3) access to a telephone with privacy for incoming and outgoing local and long distance calls at the individual's expense.

☐ (h) A provider shall establish a system for providing an individual with the opportunity to participate in social, religious, and community activities.

☐ (i) A provider shall establish a system that ensures that an individual has the right to retain and use appropriate personal possessions and clothing.

☐ (j) A provider shall establish a system for protecting an individual's funds and property from misuse or misappropriation.

☐ (k) A provider shall establish a protocol specifying the responsibilities of the provider for:

- ☐ (1) conducting an investigation; or
- ☐ (2) participating in an investigation;

of an alleged violation of an individual's rights or a reportable incident. The system shall include taking all immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation, or mistreatment from further abuse, neglect, exploitation, or mistreatment.

☐ (l) A provider shall establish a system providing for:

- ☐ (1) administrative action against;
- ☐ (2) disciplinary action against; and
- ☐ (3) dismissal of;

an employee or agent of the provider, if the employee or agent is involved in the abuse, neglect, exploitation, or mistreatment of an individual or a violation of an individual's rights.

☐ (m) A provider shall establish a written procedure for employees or agents of the provider to report violations of the provider's policies and procedures to the provider.

☐ (n) A provider shall establish a written procedure for the provider or for an employee or agent of the provider for informing:

- ☐ (1) adult protective services or child protection services, as applicable;
- ☐ (2) an individual's legal representative, if applicable;
- ☐ (3) any person designated by the individual; and
- ☐ (4) the provider of case management services to the individual;

of a situation involving the abuse, neglect, exploitation, mistreatment of an individual, or the violation of an individual's rights.

☐ (o) A provider shall establish a written protocol for reporting reportable incidents to the BDDS as required by section 5 of this rule.

Incident Reporting (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-9-5 Incident reporting

(a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:

- ☐ (1) Alleged, suspected, or actual abuse, neglect, or exploitation of an individual.
 - ☐ (A) An incident in this category shall also be reported to adult protective services or child protection services as applicable.
 - ☐ (B) The provider shall suspend staff involved in an incident from duty pending investigation by the provider.
- ☐ (2) Death of an individual.
 - ☐ (A) A death shall also be reported to adult protective services or child protection services as applicable.
 - ☐ (B) A death shall also be reported to the BDDS's central office in Indianapolis not later than twenty-four (24) hours after the death.
- ☐ (3) A service delivery site that compromises the health and safety of an individual while the individual is receiving services from the following causes:
 - ☐ (A) A significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm, or sprinkler system.
 - ☐ (B) Environmental or structural problems associated with a habitable site that compromise the health and safety of an individual, including:
 - ☐ (i) inappropriate sanitation;
 - ☐ (ii) serious lack of cleanliness;
 - ☐ (iii) rodent or insect infestation;
 - ☐ (iv) structural damage; or
 - ☐ (v) damage caused by flooding, tornado, or other acts of nature.
- ☐ (4) Fire resulting in relocation, personal injury, property loss, or other health and safety concerns to or for an individual receiving services.

460 IAC 6-9-5 Incident reporting

(a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:

[...]

- ☐ (5) Elopement of an individual.
- ☐ (6) Suspected or actual criminal activity by:
 - ☐ (A) a staff member, employee, or agent of a provider; or
 - ☐ (B) an individual receiving services.
- ☐ (7) An event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services to or for an individual receiving services.
- ☐ (8) Admission of an individual to a nursing facility, including respite stays.
- ☐ (9) Injury to an individual when the origin or cause of the injury is unknown.
- ☐ (10) A significant injury to an individual, including:
 - ☐ (A) a fracture;
 - ☐ (B) a burn greater than first degree;
 - ☐ (C) choking that requires intervention; or
 - ☐ (D) contusions or lacerations.
- ☐ (11) An injury that occurs while an individual is restrained.
- ☐ (12) A medication error, except for refusal to take medications, that jeopardizes an individual's health and safety, as determined by the individual's personal physician, including the following:
 - ☐ (A) Medication given that was not prescribed or ordered for the individual.
 - ☐ (B) Failure to administer medication as prescribed, including:
 - ☐ (i) incorrect dosage;
 - ☐ (ii) missed medication; and
 - ☐ (iii) failure to give medication at the appropriate time.
- ☐ (13) Inadequate staff support for an individual, including inadequate supervision, with the potential for:
 - ☐ (A) significant harm or injury to an individual; or
 - ☐ (B) death of an individual.
- ☐ (14) Inadequate medical support for an individual, including failure to obtain:
 - ☐ (A) necessary medical services;
 - ☐ (B) routine dental or physician services; or
 - ☐ (C) medication timely resulting in missed medications.

460 IAC 6-9-5 Incident reporting

(a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:

- ☐ (15) Use of any PRN medication related to an individual's behavior. An incident report related to the use of PRN medication related to an individual's behavior must include the following information:
 - ☐ (A) The length of time of the individual's behavior that resulted in the use of the PRN medication related to the individual's behavior.
 - ☐ (B) A description of what precipitated the behavior resulting in the use of PRN medication related to the individual's behavior.
 - ☐ (C) A description of the steps that were taken prior to the use of the PRN medication to avoid the use of a PRN medication related to the individual's behavior.
 - ☐ (D) If a PRN medication was used before a medical or dental appointment, a description of the desensitization plan in place to lessen the need for a PRN medication for a medical or dental appointment.
 - ☐ (E) The criteria the provider has in place for use of a PRN medication related to an individual's behavior.
 - ☐ (F) A description of the provider's PRN medication protocol related to an individual's behavior, including the provider's:
 - ☐ (i) notification process regarding the use of a PRN medication related to an individual's behavior; and
 - ☐ (ii) approval process for the use of a PRN medication related to an individual's behavior.

- ☐ (G) The name and title of the staff approving the use of the PRN medication related to the individual's behavior.
- ☐ (H) The medication and dosage that was approved for the PRN medication related to the individual's behavior.

460 IAC 6-9-5 Incident reporting

(a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:

[...]

- ☐ (15) Use of any PRN medication related to an individual's behavior. An incident report related to the use of PRN medication related to an individual's behavior must include the following information:

[...]

- ☐ (I) The date and time of any previous PRN medication given to the individual related to the individual's behavior based on current records.

- ☐ (b) An incident described in subsection (a) shall be reported by a provider or an employee or agent of a provider who:

- ☐ (1) is providing services to the individual at the time of the incident; or
- ☐ (2) becomes aware of or receives information about an alleged incident.

- ☐ (c) An initial report regarding an incident shall be submitted within twenty-four (24) hours of:

- ☐ (1) the occurrence of the incident; or
- ☐ (2) the reporter becoming aware of or receiving information about an incident.

- ☐ (d) The provider providing case management services to an individual shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times:

- ☐ (1) Within seven (7) days of the date of the initial report.
- ☐ (2) Every seven (7) days thereafter until the incident is resolved.
- ☐ (e) All information required to be submitted to the BDDS shall also be submitted to the provider of case management services to the individual.

Transfer of an Individual's Records (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-9-6 Transfer of individual's records upon change of provider

(a) If an individual changes providers for any supported living service or support, the new provider shall:

- ☐ (1) discuss with the individual the new provider's need to obtain a copy of the previous provider's records and files concerning the individual;
- ☐ (2) provide the individual with a written form used to authorize the previous provider's release of a copy of the records and files concerning the individual to the new provider; and
- ☐ (3) request the individual to sign the release form.

- ☐ (b) Upon receipt of a written release signed by the individual, a provider shall forward a copy of all of the individual's records and files to the new provider no later than seven (7) days after receipt of the written release signed by the individual.

Notice of Termination of Services (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-9-7 Notice of termination of services

- ☐ (a) A provider shall give an individual and an individual's representative at least sixty (60) days' written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature.
- ☐ (b) If the provider is providing any services to the individual, besides case management services, before terminating services the provider shall:
 - ☐ (1) participate in the development of a new or updated ISP prior to terminating services; and
 - ☐ (2) continue providing services to the individual until a new provider providing similar services is in place.
- ☐ (c) If the provider is providing case management services to the individual, before terminating services the provider shall:
 - ☐ (1) participate in a team meeting in which the individual's new provider providing case management provider is present; and
 - ☐ (2) coordinate the transfer of case management services to the new provider providing case management services.

General Administrative Requirements for Providers (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

Rule 10. General Administrative Requirements for Providers

460 IAC 6-10-1 Applicability

- ☐ This rule applies to all supported living services and supports.

460 IAC 6-10-2 Documentation of approvals

- ☐ A provider shall maintain documentation that the BDDS has approved the provider for each service provided.

460 IAC 6-10-3 Compliance with laws

- ☐ A provider shall comply with all applicable state and federal statutes, rules, regulations, and requirements, including all applicable provisions of the federal Americans with Disabilities Act (ADA),

460 IAC 6-10-4 Compliance with state Medicaid plan; Medicaid waivers

- ☐ A provider shall comply with the provisions of:
 - ☐ (1) the state Medicaid plan; and
 - ☐ (2) any Medicaid waiver applicable to the provider's services.

460 IAC 6-10-5 Documentation of criminal histories

- ☐ (a) A provider shall obtain a limited criminal history from the Indiana central repository for criminal history information from each employee, officer, or agent involved in the management, administration, or provision of services.
- ☐ (b) The limited criminal history shall verify that the employee, officer, or agent has not been **convicted** of the following:
 - ☐ (1) A sex crime (IC 35-42-4).
 - ☐ (2) Exploitation of an endangered adult (IC 35-46-1-12).
 - ☐ (3) Failure to report:

☐ (A) battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13); or

☐ (B) abuse or neglect of a child (IC 31-33-22-1).

☐ (4) Theft (IC 35-43-4), if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5).

☐ (5) Murder (IC 35-42-1-1).

☐ (6) Voluntary manslaughter (IC 35-42-1-3).

☐ (7) Involuntary manslaughter (IC 35-42-1-4).

☐ (8) Felony battery.

☐ (9) A felony offense relating to a controlled substance.

☐ (c) A provider shall also obtain a criminal history check from each county in which an employee, officer, or agent involved in the management, administration, or provision of services has resided during the three (3) years before the criminal history check is requested from the county.

☐ (d) A provider shall have a report from the state nurse aid registry of the Indiana state department of health verifying that each direct care staff has not had a finding entered into the state nurse aide registry.

460 IAC 6-10-7 Collaboration and quality control

☐ (a) A provider for an individual shall collaborate with the individual's other service providers to provide services to the individual consistent with the individual's ISP.

☐ (b) A provider for an individual shall give the individual's provider of case management services access to the provider's quality assurance and quality improvement procedures.

☐ (c) If a provider administers medication to an individual, the provider for the individual shall implement the medication administration system designed by the individual's provider responsible for medication administration.

☐ (d) If applicable, a provider for an individual shall implement the seizure management system designed by the individual's provider responsible for seizure management.

☐ (e) If applicable, a provider for an individual shall implement the health-related incident management system designed by the individual's provider responsible for health-related incident management.

☐ (f) If applicable, a provider for an individual shall implement the behavioral support plan designed by the individual's provider of behavioral support services.

☐ (g) *If an individual dies, a provider shall cooperate with the provider responsible for conducting an investigation into the individual's death pursuant to 460 IAC 6-25-9.*

460 IAC 6-10-8 Resolution of disputes

☐ (a) If a dispute arises between or among providers, the dispute resolution process set out in this section shall be implemented.

☐ (b) The resolution of a dispute shall be designed to address an individual's needs.

☐ (c) The parties to the dispute shall attempt to resolve the dispute informally through an exchange of information and possible resolution.

☐ (d) If the parties are not able to resolve the dispute within fifteen (15) days:

☐ (1) each party shall document:

☐ (A) the issues in the dispute;

☐ (B) their positions; and

☐ (C) their efforts to resolve the dispute; and

☐ (2) the parties shall refer the dispute to the individual's support team for resolution.

☐ (e) The parties shall abide by the decision of the individual's support team.

☐ (f) If an individual's support team cannot resolve the matter within fifteen (15) days after the dispute is referred to the individual's support team, then the parties shall refer the matter to the individual's service coordinator for resolution of the dispute.

☐ (g) The service coordinator shall make a decision within fifteen (15) days after the dispute is referred to the service coordinator and give the parties notice of the service coordinator's decision pursuant to IC 4-21.5.

☐ (h) Any party adversely affected or aggrieved by the service coordinator's decision may request administrative review of the service coordinator's decision within fifteen (15) days after the party receives written notice of the service coordinator's decision.

☐ (i) Administrative review shall be conducted pursuant to IC 4-21.5.

460 IAC 6-10-9 Automation standards

- ☐ A provider shall comply with all automation standards and requirements prescribed by the applicable funding agency concerning documentation and processing of services provided under this article.

460 IAC 6-10-10 Quality assurance and quality improvement system

- ☐ (a) A provider shall have an internal quality assurance and quality improvement system that is:
- ☐ (1) focused on the individual; and
 - ☐ (2) appropriate for the services being provided.

460 IAC 6-10-10 Quality assurance and quality improvement system

- ☐ (b) The system described in subsection (a) shall include at least the following elements:
- ☐ (1) An annual survey of individual satisfaction.
 - ☐ (2) Records of the findings of annual individual satisfaction surveys.
 - ☐ (3) Documentation of efforts to improve service delivery in response to the survey of individual satisfaction.
 - ☐ (4) An assessment of the appropriateness and effectiveness of each service provided to an individual.
 - ☐ (5) A process for:
 - ☐ (A) analyzing data concerning reportable incidents;
 - ☐ (B) developing recommendations to reduce the risk of future incidents; and
 - ☐ (C) reviewing recommendations to assess their effectiveness.

460 IAC 6-10-10 Quality assurance and quality improvement system

- ☐ (b) The system described in subsection (a) shall include at least the following elements:
- [...]
- ☐ (6) **If medication is administered** to an individual by a provider, a process for:
 - ☐ (A) analyzing medication errors;
 - ☐ (B) developing recommendations to reduce the risk of future medication errors; and
 - ☐ (C) reviewing the recommendations to assess their effectiveness.
 - ☐ (7) **If behavioral support services are provided** by a provider, a process for:
 - ☐ (A) analyzing the appropriateness and effectiveness of behavioral support techniques used for an individual;
 - ☐ (B) developing recommendations concerning the behavioral support techniques used with an individual; and
 - ☐ (C) reviewing the recommendations to assess their effectiveness.
 - ☐ (8) **If community habilitation and participation services or residential habilitation and support services are provided** by the provider, a process for:
 - ☐ (A) analyzing the appropriateness and effectiveness of the instructional techniques used with an individual;
 - ☐ (B) developing recommendations concerning the instructional techniques used for an individual; and
 - ☐ (C) reviewing the recommendations to assess their effectiveness.

460 IAC 6-10-13 Emergency behavioral support

- ☐ (a) In an emergency, chemical restraint, physical restraint, or removal of an individual from the individual's environment may be used:
- ☐ (1) without the necessity of a behavioral support plan; and
 - ☐ (2) only to prevent significant harm to the individual or others.
- ☐ (b) The individual's support team shall meet not later than five (5) working days after an emergency chemical restraint, physical restraint, or removal of an individual from the environment in order to:
- ☐ (1) review the circumstances of the emergency chemical restraint, physical restraint, or removal of an individual;
 - ☐ (2) determine the need for a: (A) functional analysis; (B) behavioral support plan; or (C) both; and
 - ☐ (3) document recommendations.
- ☐ (c) If a provider of behavioral support services is not a member an individual's support team, a provider of behavioral support services must be added to the individual's support team.
- ☐ (d) Based on the recommendation of the support team, a provider of behavioral support services sha

- ☐ (1) complete a functional analysis within thirty (30) days; and
- ☐ (2) make appropriate recommendations to the support team.
- ☐ (e) The individual's support team shall:
 - ☐ (1) document the recommendations of the behavioral support services provider; **and**
 - ☐ (2) design an accountability system to ensure implementation of the recommendations.

460 IAC 6-10-11 Prohibition against office in residence of individual

A provider shall not:

- ☐ (1) maintain an office in an individual's residence from which the individual is excluded from entering or from using any or all equipment contained in the office; or
- ☐ (2) conduct the provider's business operations not related to services to the individual in the individual's residence.

460 IAC 6-10-12 Human rights committee

☐ Beginning July 1, 2004, a provider shall cooperate with the division's or the BDDS's regional human rights committee for the geographic area or areas in which the provider is providing services under this article.

Transportation of an Individual (Part 3 Only)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-13-2 Transportation of an individual

- ☐ (a) A provider that transports an individual receiving services in a motor vehicle shall:
 - ☐ (1) maintain the vehicle in good repair;
 - ☐ (2) properly register with the Indiana bureau of motor vehicles or in the state in which the owner of vehicle resides; and
 - ☐ (3) insure the vehicle as required under Indiana law

Personnel Policies (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-16-2 Adoption of personnel policies

- (a) A provider shall:
 - ☐ (1) adopt and maintain a written personnel policy;
 - ☐ (2) review and update the personnel policy as appropriate; and
 - ☐ (3) distribute the personnel policy to each employee or agent.
- (b) The written personnel policy required by subsection (a) shall include at least the following:
 - ☐ (1) A job description for each position, including the following:
 - ☐ (A) Minimum qualifications for the position.
 - ☐ (B) Major duties required of the position.

- ☐ (C) Responsibilities of the employee in the position.
- ☐ (D) The name and title of the supervisor to whom the employee in the position must report.
- ☐ (2) A procedure for conducting reference, employment, and criminal background checks on each prospective employee or agent.
- ☐ (3) A prohibition against employing or contracting with a person convicted of the offenses listed in 460 IAC 6-10-5.
- ☐ (4) A process for evaluating the job performance of each employee or agent at the end of the training period and annually thereafter, including a process for feedback from individuals receiving services from the employee or agent.
- ☐ (5) Disciplinary procedures.
- ☐ (6) A description of grounds for disciplinary action against or dismissal of an employee or agent.
- ☐ (7) A description of the rights and responsibilities of employees or agents, including the responsibilities of administrators and supervisors.

460 IAC 6-16-3 Policies and procedures documentation

(a) A provider shall:

- ☐ (1) adopt and maintain a written training procedure;
- ☐ (2) review and update the training procedure as appropriate; and
- ☐ (3) distribute the training procedure to the provider's employees or agents.

(b) The written training procedure required by subsection (a) shall include at least the following:

- ☐ (1) Mandatory orientation for each new employee or agent to assure the employee's or agent's understanding of, and compliance with:
 - ☐ (A) the mission, goals, organization, and practices of the provider; **and**
 - ☐ (B) the applicable requirements of this article.
- ☐ (2) A system for documenting the training for each employee or agent, including:
 - ☐ (A) the type of training provided;
 - ☐ (B) the name and qualifications of the trainer;
 - ☐ (C) the duration of training;
 - ☐ (D) the date or dates of training;
 - ☐ (E) the signature of the trainer, verifying the satisfactory completion of training by the employee or agent; **and**
 - ☐ (F) the signature of the employee or agent.
- ☐ (3) A system for ensuring that a trainer has sufficient education, expertise, and knowledge of the subject to achieve listed outcomes required under the system.
- ☐ (4) A system for providing annual in-service training to improve the competence of employees or agents in the following areas:
 - ☐ (A) Protection of individual rights, including protection against abuse, neglect, or exploitation.
 - ☐ (B) Incident reporting.
 - ☐ (C) Medication administration if the provider administers medication to an individual.

460 IAC 6-16-4 Operations manual

- ☐ (a) A provider shall compile the written policies and procedures required by sections 1 and 2 of this rule into a written operations manual.
- ☐ (b) The operations manual shall be regularly updated and revised.
- ☐ (c) Upon the request of the BDDS, the provider shall:
 - (1) supply a copy of the operations manual to the BDDS or other state agency, at no cost
 - (2) make the operations manual available to the BDDS or other state agency for inspection at the offices of the provider.

Maintenance of Records and Services Provided (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-17-2 Maintenance of records of services provided

- ☐ (a) This section applies to all providers.
- ☐ (b) A provider shall maintain in the provider's office documentation of all services provided to an individual.
- ☐ (c) Documentation related to an individual required by this article shall be maintained by the provider for at least **seven (7) consecutive years**.
- ☐ (d) A provider shall analyze and update the documentation required by:
 - ☐ (1) the standards under this article applicable to the services the provider is providing to an individual;
 - ☐ (2) the professional standards applicable to the provider's profession; **and**
 - ☐ (3) the individual's ISP.
- ☐ (e) A provider shall analyze and update the documentation at least every ninety (90) days if:
 - ☐ (1) the standards under this article do not provide a standard for analyzing and updating documentation;
 - ☐ (2) the professional standards applicable to the provider's profession do not provide a standard; or
 - ☐ (3) a standard is not set out in the individual's ISP.

460 IAC 6-17-3 Individual's personal file; site of service delivery

- (a) A provider specified in the individual's ISP as being responsible for maintaining the individual's personal file shall maintain a personal file for the individual at:
 - ☐ (1) the individual's residence; or
 - ☐ (2) the primary location where the individual receives services.
- (b) The individual's personal file shall contain at least the following information:
 - ☐ (1) The individual's full name.
 - ☐ (2) Telephone numbers for emergency services that may be required by the individual.
 - ☐ (3) A current sheet with a brief summary regarding:
 - ☐ (A) the individual's diagnosis or diagnoses;
 - ☐ (B) the individual's treatment protocols, current medications, and other health information specified by the individual's ISP;
 - ☐ (C) behavioral information about the individual;
 - ☐ (D) likes and dislikes of the individual that have been identified in the individual's ISP; and
 - ☐ (E) other information relevant to working with the individual.
 - ☐ (4) The individual's history of allergies, if applicable.
 - ☐ (5) Consent by the individual or the individual's legal representative for emergency treatment for the individual.
 - ☐ (6) A photograph of the individual, if:
 - ☐ (A) a photograph is available; and
 - ☐ (B) inclusion of a photograph in the individual's file is specified by the individual's ISP.
 - ☐ (7) A copy of the individual's current ISP.
 - ☐ (8) A copy of the individual's behavioral support plan, if applicable.

460 IAC 6-17-3 Individual's personal file; site of service delivery

- (b) The individual's personal file shall contain at least the following information:
 - ☐ (9) Documentation of:
 - ☐ (A) changes in the individual's physical condition or mental status during the last sixty (60) days;
 - ☐ (B) an unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last sixty (60) days; and
 - ☐ (C) the response of each provider to the observed change or unusual event.

- ☐ (10) If an individual's outcomes include bill paying and other financial matters, the individual's file shall contain:
 - ☐ (A) the individual's checkbook with clear documentation that the checkbook has been balanced; and
 - ☐ (B) bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled.
- ☐ (11) All environmental assessments conducted during the last sixty (60) days, with the signature of the person or persons conducting the assessment on the assessment.
- ☐ (12) All medication administration documentation for the last sixty (60) days.
- ☐ (13) All seizure management documentation for the last sixty (60) days.
- ☐ (14) Health-related incident management documentation for the last sixty (60) days.
- ☐ (15) All nutritional counseling services documentation for the last sixty (60) days.
- ☐ (16) All behavioral support services documentation for the last sixty (60) days.
- ☐ (17) All outcome directed documentation for the last sixty (60) days.

460 IAC 6-17-4 Individual's personal file; provider's office

- ☐ (a) A provider specified in the individual's ISP as being responsible for maintaining the individual's personal file shall maintain a personal file for an individual at the provider's office.
- ☐ (b) The individual's personal file shall contain documentation of the following:
 - ☐ (1) A change in an individual's physical condition or mental status.
 - ☐ (2) An unusual event for the individual.
 - ☐ (3) All health and medical services provided to an individual.
 - ☐ (4) An individual's training outcomes.
- ☐ (c) A change or unusual event referred to in subsection (b) shall include the following:
 - ☐ (1) Vomiting.
 - ☐ (2) Choking.
 - ☐ (3) Falling.
 - ☐ (4) Disorientation or confusion.
 - ☐ (5) Patterns of behavior.
 - ☐ (6) A seizure.
- ☐ (d) The documentation of a change or an event referred to in subsections (b) and (c) shall include the following:
 - ☐ (1) The date, time, and duration of the change or event.
 - ☐ (2) A description of the response of the provider, or the provider's employees or agents to the change or event.
 - ☐ (3) The signature of the provider or the provider's employees or agents observing the change or event.
- ☐ (e) The documentation of all health and medical services provided to the individual shall:
 - ☐ (1) be kept chronologically; and
 - ☐ (2) include the following:
 - ☐ (A) Date of services provided to the individual.
 - ☐ (B) A description of services provided.
 - ☐ (C) The signature of the health care professional providing the services.
- ☐ (f) The individual's training file shall include documentation regarding the individual's training goals required by 460 IAC

Behavioral Support Plan (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the following information:

460 IAC 6-18-1 Preparation of behavioral support plan

- ☐ A behavioral support services provider shall prepare a behavioral support plan for an individual only after the provider has:
 - ☐ (1) directly observed the individual; and
 - ☐ (2) reviewed reports regarding the individual.

460 IAC 6-18-2 Behavioral support plan standards

- ☐ (a) A behavioral support plan shall meet the standards set out in this section.
- ☐ (b) A behavioral support plan shall operationally define the targeted behavior or behaviors.
- ☐ (c) A behavioral support plan shall be based upon a functional analysis of the targeted behaviors.
- ☐ (d) A behavioral support plan shall contain written guidelines for teaching the individual functional and useful behaviors to replace the individual's maladaptive behavior.
- ☐ (e) A behavioral support plan shall use non-aversive methods for teaching functional and useful replacement behaviors.
- ☐ (f) A behavioral support plan shall conform to the individual's ISP, including the needs and outcomes identified in the ISP and the ISP's specifications for behavioral support services.
- ☐ (g) A behavioral support plan shall contain documentation that each person implementing the plan:
 - ☐ (1) has received specific training as provided in the plan in the techniques and procedures required for implementing the behavioral support plan; **and**
 - ☐ (2) understands how to use the techniques and procedures required to implement the behavioral support plan; **regardless** of whether the person implementing the plan is an employee or agent of the behavioral support services provider.
- ☐ (h) A behavioral support plan shall contain a documentation system for direct care staff working with the individual to record episodes of the targeted behavior or behaviors. The documentation system shall include a method to record the following information:
 - ☐ (1) Dates and times of occurrence of the targeted behavior.
 - ☐ (2) Length of time the targeted behavior lasted.
 - ☐ (3) Description of what precipitated the targeted behavior.
 - ☐ (4) Description of what activities helped alleviate the targeted behavior.
 - ☐ (5) Signature of staff observing and recording the targeted behavior.
- ☐ (i) If the use of medication is included in a behavioral support plan, a behavioral support plan shall contain:
 - ☐ (1) a plan for assessing the use of the medication and the appropriateness of a medication reduction plan; or
 - ☐ (2) documentation that a medication use reduction plan for the individual was:
 - (A) implemented within the past five (5) years; and
 - (B) proved to be not effective.
- ☐ (j) If a highly restrictive procedure is included in a behavioral support plan, a behavioral support plan shall contain the following:
 - ☐ (1) A functional analysis of the targeted behavior for which a highly restrictive procedure is designed.
 - ☐ (2) Documentation that the risks of the targeted behavior have been weighed against the risk of the highly restrictive procedure.
 - ☐ (3) Documentation that systematic efforts to replace the targeted behavior with an adaptive skill were used and found to be not effective.
 - ☐ (4) Documentation that the individual, the individual's support team and the applicable human rights committee agree that the use of the highly restrictive method is required to prevent significant harm to the individual or others.
 - ☐ ☐ (5) Informed consent from the individual or the individual's legal representative.
 - ☐ ☐ (6) Documentation that the behavioral support plan is reviewed regularly by the individual's support team.

460 IAC 6-18-3 Written policy and procedure standards

A provider of behavioral support services shall have written policies and procedures that:

- ☐ (1) limit the use of highly restrictive procedures, including physical restraint or medications to assist in the managing of behavior; and
- ☐ (2) focus on behavioral supports that begin with less intrusive or restrictive methods before more intrusive or restrictive methods are used.

460 IAC 6-18-4 Documentation standards

- ☐ (a) A provider of behavioral support services shall maintain documentation regarding the development of a behavioral support plan that:
 - ☐ (1) the least intrusive method was attempted and exhausted first; and
 - ☐ (2) if a highly restrictive procedure is deemed to be necessary and included in a behavioral support plan, the actions required by section 2(j) of this rule have been taken.
- ☐ (b) A provider of behavioral support services shall maintain the following documentation for each individual served:
 - ☐ (1) A copy of the individual's behavioral support assessment.
 - ☐ (2) If applicable, the individual's behavioral support plan.
 - ☐ (3) Dates, times, and duration of each visit with the individual.
 - ☐ (4) A description of the behavioral support activities conducted.
 - ☐ (5) A description of behavioral support progress made.
 - ☐ (6) The signature of the person providing the behavioral support services on each date the behavioral support service is provided.

460 IAC 6-18-5 Level 2 clinician standards

- ☐ (a) If a behavioral support plan is developed by a Level 2 clinician, the Level 2 clinician shall be supervised by a Level 1 clinician.
- ☐ (b) A Level 1 clinician shall give written approval of all behavioral support plans developed by a Level 2 clinician.

460 IAC 6-18-6 Implementation of behavioral support plan

- ☐ All providers working with an individual shall implement the behavioral support plan designed by the individual's behavioral support services provider.

Training Services (Part 3 & Part 4)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information:

460 IAC 6-24-1 Coordination of training services and training plan

- ☐ (a) A provider designated in an individual's ISP as responsible for providing training to an individual shall create a training plan for the individual.
- ☐ (b) A training plan shall:
 - ☐ (1) consist of a formal description of outcomes, objectives, and strategies, including persons responsible for implementation; and
 - ☐ (2) be designed to enhance skill acquisition and increase independence.
- ☐ (c) The provider shall assess the appropriateness of an individual's outcomes at least once every ninety (90) days.
- ☐ (d) All providers responsible for providing training to an individual shall:
 - ☐ (1) coordinate the training services provided to an individual; and
 - ☐ (2) share documentation regarding the individual's training; as required by the individual's ISP

460 IAC 6-24-2 Required documentation

- ☐ (a) The provider identified in section 1 of this rule shall maintain a personal file for each individual served.

- ☐ (b) The individual's file shall:
 - ☐ (1) be kept chronologically; and
 - ☐ (2) include the following information:
 - ☐ (A) Measurement of the individual's progress toward each training outcome identified in the individual's ISP.
 - ☐ (B) Dates, times, and duration of training services provided to the individual.
 - ☐ (C) A description of training activities conducted on each date.
 - ☐ (D) The signature of the person providing the service each time training is provided.

460 IAC 6-24-3 Management of individual's financial resources

- ☐ (a) This section applies to:
 - ☐ (1) an individual's residential living allowance management services provider; or
 - ☐ (2) the provider identified in an individual's individualized support plan as being responsible for an individual's property or financial resources.
- ☐ (b) The provider shall assist an individual to:
 - ☐ (1) obtain, possess, and maintain financial assets, property, and economic resources; and
 - ☐ (2) obtain insurance at the individual's expense to protect the individual's assets and property.
- ☐ (c) If the provider is responsible for management of an individual's funds, the provider shall do the following:
 - ☐ (1) Maintain separate accounts for each individual.
 - ☐ (2) Provide monthly account balances and records of transactions to the individual and, if applicable, the individual's legal representative.
 - ☐ (3) Inform the individual or the individual's legal representative, if applicable, that the payee is required by law to spend the individual's funds only for the needs of the individual

Coordination of Health Care (Part 3 Only)

Note: The agency must submit a policy, policy manual, and/or procedure manual that includes the below information:

460 IAC 6-25-1 Provider of health care coordination services

- ☐ Coordination of the health care for an individual shall be the responsibility of either of the following:
 - ☐ (1) A provider of health care coordination services.
 - ☐ (2) The provider identified in an individual's ISP as responsible for the health care of the individual.

460 IAC 6-25-2 Coordination of health care

- ☐ The provider identified in section 1 of this rule shall coordinate the health care received by the individual, including:
 - ☐ (1) annual physical, dental, and vision examinations as ordered by the individual's physician;
 - ☐ (2) routine examinations as ordered by the individual's physician;
 - ☐ (3) routine screenings as ordered by the individual's physician;
 - ☐ (4) identification and treatment of allergies as ordered by the individual's physician; **and**
 - ☐ (5) referrals to specialists.

460 IAC 6-25-3 Documentation of health care services received by an individual

- ☐ (a) The provider identified in section 1 of this rule shall maintain a personal file for each individual served.
- ☐ (b) The individual's personal file shall contain the following information:
 - ☐ (1) The date of health and medical services provided to the individual.
 - ☐ (2) A description of the health care or medical services provided to the individual.
 - ☐ (3) The signature of the person providing the health care or medical service for each date a service is provided.

- ☐ (4) Additional information and documentation required in this rule, including documentation of the following:
 - ☐ (A) An organized system for medication administration.
 - ☐ (B) An individual's refusal to take medication.
 - ☐ (C) Monitoring of medication side effects.
 - ☐ (D) Seizure tracking.
 - ☐ (E) Changes in an individual's status.
 - ☐ (F) An organized system of health-related incident management
 - ☐ (G) If applicable to this provider, an investigation of the death of an individual.

460 IAC 6-25-4 Organized system for medication administration required

- ☐ (a) The provider identified in section 1 of this rule shall design an organized system of medication administration for the individual.
- ☐ (b) The provider shall:
 - ☐ (1) document the system in writing; and
 - ☐ (2) distribute the document to all providers administering medication to the individual.
- ☐ (c) The document shall be placed in the individual's file maintained by all providers administering medication to the individual.
- ☐ (d) The system required in subsection (a) shall contain at least the following elements:
 - ☐ (1) Identification and description of each medication required for the individual.
 - ☐ (2) Documentation that the individual's medication is administered only by trained and authorized personnel unless the individual is capable of self-administration of medication as provided for in the individual's ISP.
 - ☐ (3) Documentation of the administration of medication, including the following:
 - ☐ (A) Administration of medication from original labeled prescription containers.
 - ☐ (B) Name of medication administered.
 - ☐ (C) Amount of medication administered.
 - ☐ (D) The date and time of administration.
 - ☐ (E) The initials of the person administering the medication.
 - ☐ (4) Procedures for the destruction of unused medication.
 - ☐ (5) Documentation of medication administration errors.
 - ☐ (6) A system for the prevention or minimization of medication administration errors.
 - ☐ (7) When indicated as necessary by an individual's ISP, procedures for the storage of medication:
 - ☐ (A) in the original labeled prescription container;
 - ☐ (B) in a locked area when stored at room temperature;
 - ☐ (C) in a locked container in the refrigerator if refrigeration is required;
 - ☐ (D) separately from nonmedical items; and
 - ☐ (E) under prescribed conditions of temperature, light, humidity, and ventilation.
 - ☐ (8) Documentation of an individual's refusal to take medication as required in section 5 of this rule.
 - ☐ (9) A system for communication among all providers that administer medication to an individual.
 - ☐ (10) All providers administering medication to the individual shall:
 - ☐ (A) implement; and
 - ☐ (B) comply with; the organized system of medication administration designed by the provider designated in section 1 of this rule.

460 IAC 6-25-5 Individual's refusal to take medication

- ☐ (a) If an individual refuses to take medication, the provider attempting to administer the medication shall do the following:
 - ☐ (1) Document the following information:
 - ☐ (A) The name of the medication refused by the individual.
 - ☐ (B) The date, time, and duration of the refusal.
 - ☐ (C) A description of the provider's response to the refusal.
 - ☐ (D) The signature of the person or persons observing the refusal.
 - ☐ (2) Supply the documentation to the provider identified in section 1 of this rule.
- ☐ (b) The provider identified in section 1 of this rule shall review the individual's refusal to take medication with:

- ☐ (1) the individual's physician; and
- ☐ (2) the individual's support team; to ensure the health and safety of the individual.

460 IAC 6-25-6 Monitoring of medication side effects

- ☐ (a) The provider designated in section 1 of this rule shall design a system to monitor side effects an individual may experience as a result of medication the individual takes.
- ☐ (b) The provider shall:
 - ☐ (1) document the system in writing; and
 - ☐ (2) distribute the document to all providers working with the individual.
- ☐ (c) The system required in subsection (a) shall contain at least the following elements:
 - ☐ (1) Training of direct care staff, employees, and agents concerning:
 - ☐ (A) the identification of:
 - ☐ (i) side effects; and
 - ☐ (ii) interactions; of all medication administered to an individual; and
 - ☐ (B) instruction on medication side effects and interactions.
 - ☐ (2) A side effect tracking record that includes:
 - ☐ (A) how often the individual should be monitored for side effects of each medication administered to the individual;
 - ☐ (B) who shall perform the monitoring; and
 - ☐ (C) when monitoring shall be performed.
 - ☐ (3) A system for communication among all providers working with an individual regarding the monitoring of medication side effects.
- ☐ (d) All providers working with an individual shall:
 - ☐ (1) implement; and
 - ☐ (2) comply with; the medication side effect monitoring system designed by the provider designated in section 1 of this rule.

460 IAC 6-25-7 Seizure management

- ☐ (a) The provider designated in section 1 of this rule shall design a system of seizure management for the individual.
- ☐ (b) The provider shall communicate the system in writing to all providers working with the individual.
- ☐ (c) The system of seizure management prescribed by subsection (a) shall include at least the following elements:
 - ☐ (1) Training of direct care staff, employees, or agents concerning the administration of medication.
 - ☐ (2) A seizure tracking record for documenting events:
 - ☐ (A) immediately preceding a seizure;
 - ☐ (B) during a seizure; and
 - ☐ (C) following a seizure.
 - ☐ (3) Documentation of any necessary physician follow-up and follow along services.
 - ☐ (4) A system for checking the individual's levels of seizure medication:
 - ☐ (A) at least annually; or
 - ☐ (B) as ordered by the individual's physician.
 - ☐ (5) A system for communication among all providers working with the individual concerning the individual's seizures.
- ☐ (d) All providers working with the individual shall:
 - ☐ (1) implement; and
 - ☐ (2) comply with; the seizure management system developed by the provider designated in section 1 of this rule.

460 IAC 6-25-8 Changes in an individual's status

- ☐ (a) The provider identified in section 1 of this rule shall maintain a personal file for an individual at the provider's office. The file shall contain documentation of any change in an individual's physical condition, mental status, or any unusual event, including the following:
 - ☐ (1) Vomiting.
 - ☐ (2) Choking.
 - ☐ (3) Falling.
 - ☐ (4) Disorientation or confusion.
 - ☐ (5) Patterns of behavior.
 - ☐ (6) Seizures.
- ☐ (b) The documentation of a change or event required by subsection (a) shall include:

- ☐ (1) dates, times, and duration of the change or event;
- ☐ (2) a description of the response of the provider, or the provider's employees or agents to the change or event; and
- ☐ (3) the signature of the person or persons observing the change or event.
- ☐ (c) A provider or providers working with an individual shall supply to the provider identified in section 1 of this rule any information regarding any change or event listed in subsection (a) that is observed while the provider is providing services to the individual.
- ☐ (d) Except as provided in subsection (e), a provider observing a change in an individual's physical condition or mental status, or any unusual event, shall supply the information required in subsection (c) to the provider identified in section 1 of this rule as follows:
 - ☐ (1) within twenty-four (24) hours of the change or event; or
 - ☐ (2) by noon on the next business day; whichever is later.
- ☐ (e) If the change in an individual's physical condition or mental status or the unusual event is also a reportable incident under 460 IAC 6-9-5, the information shall be provided within twenty-four (24) hours.

460 IAC 6-25-9 Health-related incident management

- ☐ (a) The provider identified in section 1 of this rule shall design a system of management for health-related incidents involving an individual.
- ☐ (b) The health-related incident management system prescribed by subsection (a) shall provide an internal review process for any health-related reportable incident. The provider's internal review process shall include at least the following:
 - ☐ (1) A trend analysis of incidents for an individual.
 - ☐ (2) Documentation:
 - ☐ (A) that summarizes the findings of the analysis conducted under subdivision (1); and
 - ☐ (B) of the steps taken to prevent or minimize the occurrence of incidents in the future.
- ☐ (3) A system for communication among all providers working with an individual regarding health-related incidents involving the individual.
- ☐ (c) All providers working with an individual shall implement the health-related incident management system designed by the provider identified in section 1 of this rule.

460 IAC 6-25-10 Investigation of death

- ☐ (a) If an individual dies, an investigation into the death shall be conducted by the provider identified in section 1 of this rule, except as provided in subsection (b).
- ☐ (b) If the provider identified in section 1 of this rule is a family member of the individual, then the provider of case management services to an individual shall conduct an investigation into the death of the individual. If there is no provider providing case management services to the individual, then the individual's service coordinator shall conduct an investigation into the death of the individual.
- ☐ (c) A provider conducting an investigation into the death of an individual shall meet the following requirements:
 - ☐ (1) Notify by telephone the BDDS's central office in Indianapolis not later than twenty-four (24) hours after the death.
 - ☐ (2) Notify adult protective services or child protection services, as applicable, not later than twenty-four (24) hours after the death.
 - ☐ (3) Collect and review documentation of all events, incidents, and occurrences in the individual's life for at least the thirty (30) day period immediately before:
 - ☐ (A) the death of the individual;
 - ☐ (B) the hospitalization in which the individual's death occurred; or
 - ☐ (C) the individual's transfer to a nursing home in which death occurred within ninety (90) days of that transfer.
 - ☐ (4) In conjunction with all providers of services to the deceased individual, review and document all the actions of all employees or agents of all providers for the thirty (30) day period immediately before:
 - ☐ (A) the individual's death;
 - ☐ (B) the hospitalization in which the individual's death occurred; or
 - ☐ (C) the individual's transfer to a nursing home in which death occurred within ninety (90) days of that transfer.
 - ☐ (5) Document conclusions and make recommendations arising from the investigation.

<input type="checkbox"/> (6) Document implementation of any recommendations made under subdivision (5). <input type="checkbox"/> (7) No later than fifteen (15) days after the individual's death, send to the BDDS: <input type="checkbox"/> (A) a completed notice of an individual's death on a form prescribed by the BDDS; and <input type="checkbox"/> (B) a final report that includes all documentation required by subdivisions (1) through (6) for review by the division's mortality review committee. <input type="checkbox"/> (d) A provider shall respond to any additional requests for information made by the mortality review committee within seven (7) days of the provider's receipt of a request. <input type="checkbox"/> (e) A provider shall submit the documentation to the BDDS to support the provider's implementation of specific recommendations made by the mortality review committee.
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Proof of National Accreditation	
If applying to provide any of the following services: <input type="checkbox"/> Community Based Habilitation (Individual/Group) <input type="checkbox"/> Supported Employment Follow-Along (SEFA) <input type="checkbox"/> Adult Day Services <input type="checkbox"/> Facility Based Habilitation (Individual/Group) <input type="checkbox"/> Prevocational Services <input type="checkbox"/> Workplace Assistance	
If applying to provide a Day Service, the agency must submit proof of accreditation from one of the following organizations:	<input type="checkbox"/> (a) The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor; <input type="checkbox"/> (b) The Council on Quality and Leadership in Supports for People with Disabilities or its successor; <input type="checkbox"/> (c) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor; <input type="checkbox"/> (d) The National Commission on Quality Assurance or its successor; <input type="checkbox"/> (e) An independent national accreditation organization approved by the Secretary of FSSA.
The agency is to submit to the Bureau of Developmental Disabilities Services: <input type="checkbox"/> a copy of the letter from the accrediting entity indicating accreditation for a 1 to 3 year period.	

